

**INDEPENDENT PHYSICAL EDUCATION
LOG SHEET**

NAME _____ GRADE _____ STUDENT ID# _____

SCHOOL _____ SEMESTER 1 / 2 _____ YEAR _____

REMINDER:
100 HOURS = ½ CREDIT

PROGRAM GOAL STATEMENT:

DATE	AMT. OF TIME SPENT	DESCRIPTION OF ACTIVITIES PERFORMED	WITNESS INITIALS

Total Hours on this page: _____